

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

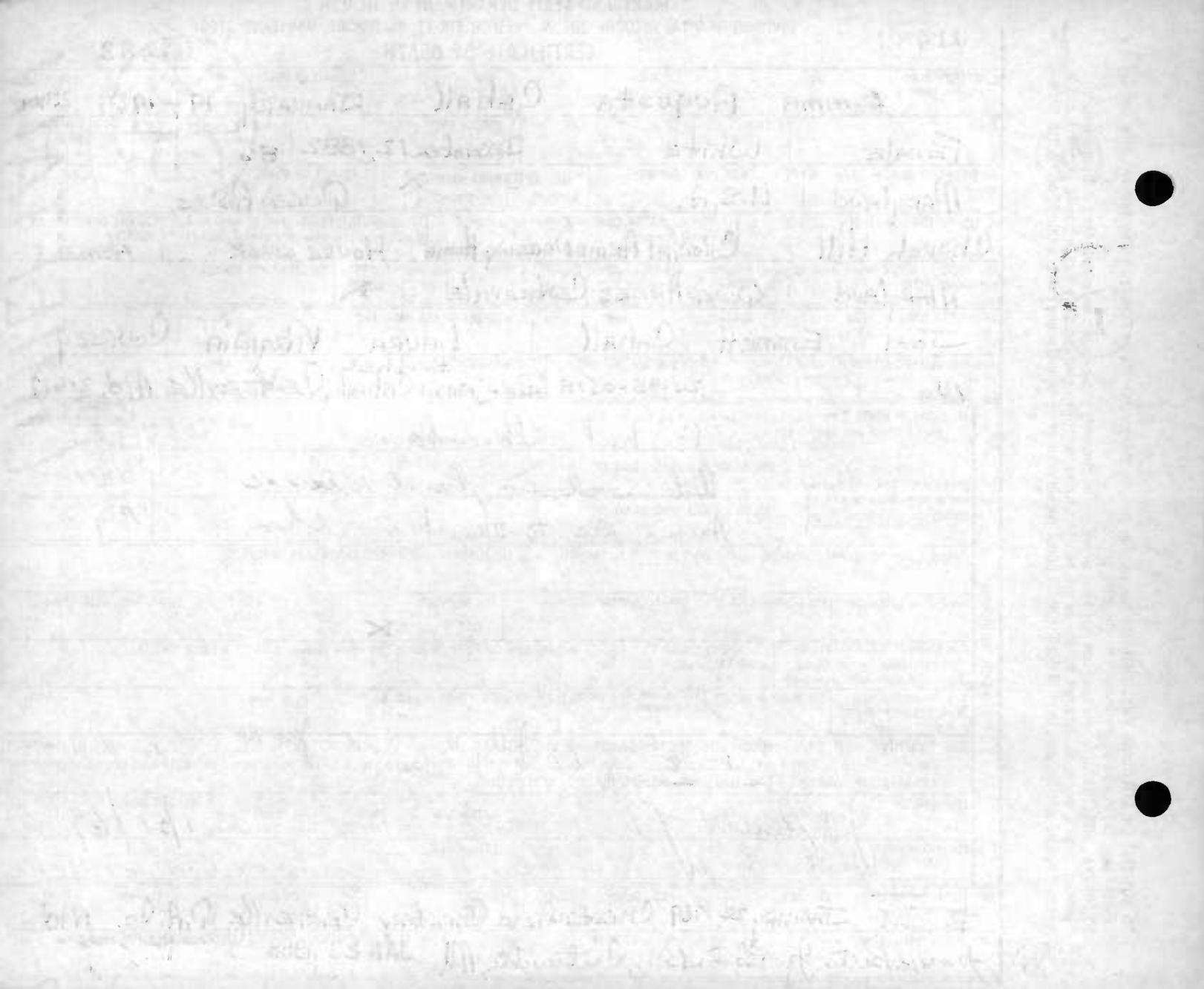
CERTIFICATE OF DEATH

01483

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>Emma</i>	Middle <i>Augusta</i>	Last <i>Cahall</i>	2a. DATE OF DEATH Month <i>JANUARY</i>	Day <i>19</i>	Year <i>1969</i>	2b. HOUR <i>2:40 PM</i>
3. SEX <i>Female</i>	4. RACE <i>White</i>	5. DATE OF BIRTH <i>DECEMBER 12, 1882</i>		6. AGE (in years last birthday) <i>86</i>	7. IF UNDER 1 YEAR MONTHS <i>YRS.</i>	8. IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>Queen Anne's</i>				
10. CITY OR TOWN OF DEATH <i>Church Hill</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Colonial Arms Nursing Home</i>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Housework</i>	12b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>	13b. COUNTY <i>Queen Anne's</i>	13c. CITY, OR TOWN <i>Centreville</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>Centre</i>			
14. FATHER'S NAME First <i>JOEL</i>	Middle <i>Emmett</i>	Last <i>Cahall</i>	15. MOTHER'S MAIDEN NAME First <i>LAURA</i>	Middle <i>Virginia</i>	Last <i>Coursey</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown <i>No</i>	16b. SOCIAL SECURITY NO. <i>215-38-0518</i>	17. INFORMANT <i>Brother</i>	Address <i>Benjamin Cahall, Centreville, Md, 21617</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (o) <i>Cerebral Thromboses</i>							
4123							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <i>Arteriosclerotic Heart Disease</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <i>Anemia sec. to ulceration - colon</i>							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
1 week							
5 years							
7 years							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>July 1, 1961</i> , to <i>Jan 19, 1969</i> , that (I) (we) last saw the deceased alive on <i>1-18-1962</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>John R. Smith Jr. M.D.</i>							
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>110 Broadway, Centreville Md</i>		22c. DATE SIGNED <i>1/21/69</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>JANUARY 22, 1969</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Chesterfield Cemetery</i>	24a. LOCATION (City or Town) <i>Centreville, Q.A.C., Md.</i>	(County)	(State)	
24b. FUNERAL DIRECTOR <i>James H. Barton Jr., Barton Bros, Centreville, Md.</i>		ADDRESS <i>110 Broadway, Centreville, Md.</i>	25a. REG'D BY REGISTRAR <i>JAN 23 1969</i>		25b. REGISTRAR'S SIGNATURE <i>James H. Barton Jr., Barton Bros, Centreville, Md.</i>		
VR AT 1A 30M REV. 6/68			DATE				



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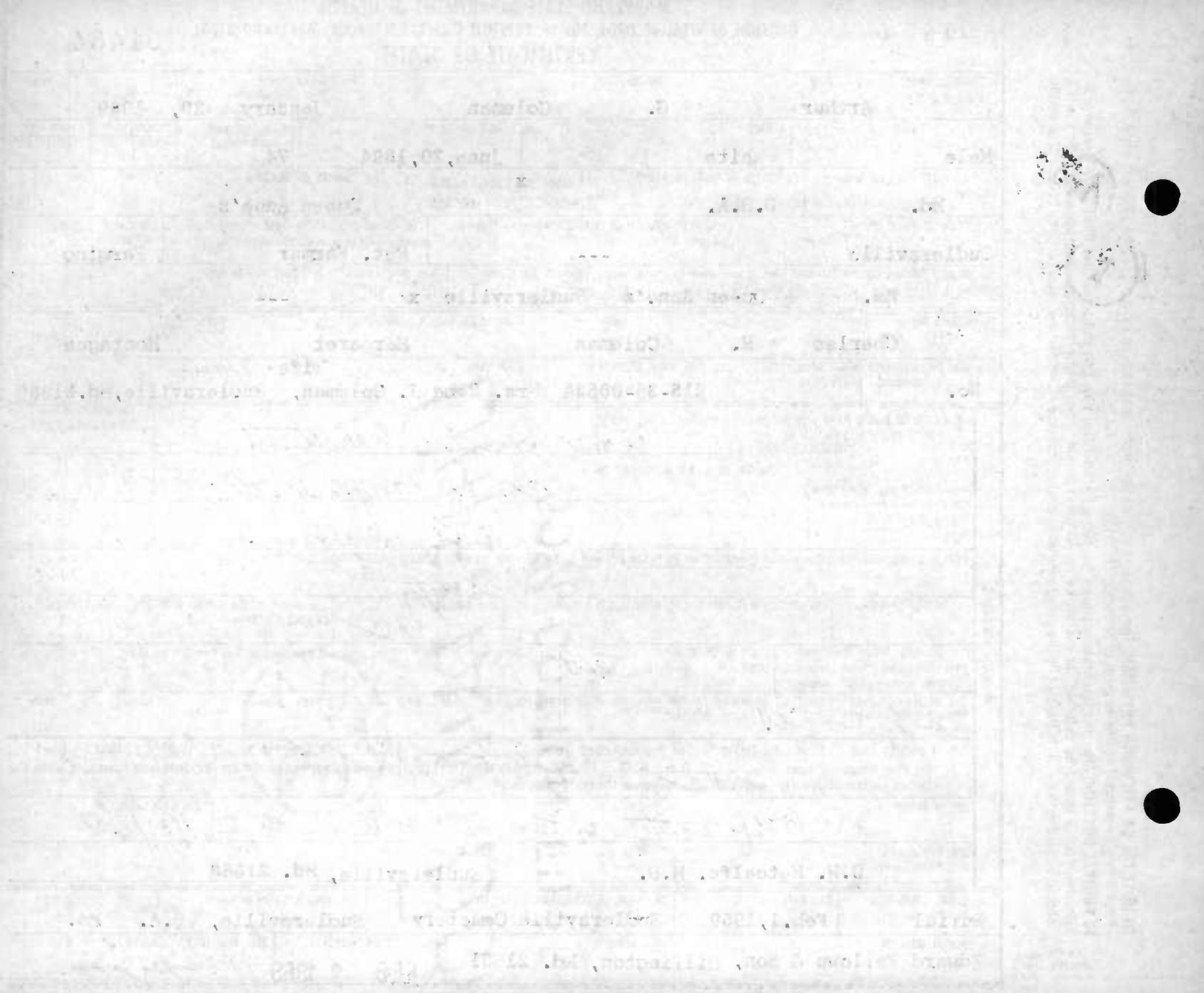
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

01484

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove and file in paper copies 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First Arthur	Middle G.	Lost	2d. DATE OF DEATH Month January	Doy 29	Year 1969	2b. HOUR M				
3. SEX Male		4. RACE White		S. DATE OF BIRTH June, 20, 1894	6. AGE (In years lost birthday) 74		IF UNDER 1 YEAR MONTHS GAYS		IF UNDER 24 HRS. HOURS MIN			
7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne's		Md.						
10. CITY OR TOWN OF DEATH Sudlersville		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ---		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Ret. Farmer		12b. KIND OF BUSINESS OR INDUSTRY Farming						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Queen Anne's		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER ---						
14. FATHER'S NAME First Charles		Middle R.	Lost	15. MOTHER'S MAIDEN NAME First Margaret		Middle	Last Montague					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16b. SOCIAL SECURITY NO. 215-36-0852A		17. INFORMANT Wife		Address Mrs. Reba J. Coleman, Sudlersville, Md. 21668						
18b. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4123		DUE TO, OR AS A CONSEQUENCE OF (b) Arterio Cardiac Dilation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Hypertension										
DUE TO, OR AS A CONSEQUENCE OF (c) Arterial Diseases												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Sensibility												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) WV		21f. LOCATION Street or R.F.D. No. City or Town County State								
22a. I certify that (I) (this hospital) attended the deceased from June 20, 1969 , to Jan 29, 1969 , that (I) (we) last saw the deceased alive on Jan 27, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE C. H. Metcalfe, M.D.		22c. DATE SIGNED 1/31/69	22d. ATTENDING PHYS. C. H. Metcalfe, M.D.		22e. DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 1, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Sudlersville Cemetery		23d. LOCATION (City or Town) Sudlersville, Q.A. Md.		(County) Q.A.		(State) Md.			
24. FUNERAL DIRECTOR Edward Fellows & Son, Millington, Md. 21651		ADDRESS		25a. REC'D BY REGISTRAR DATE FEB 3 1969		25b. REGISTRAR'S SIGNATURE Charles Judge						



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

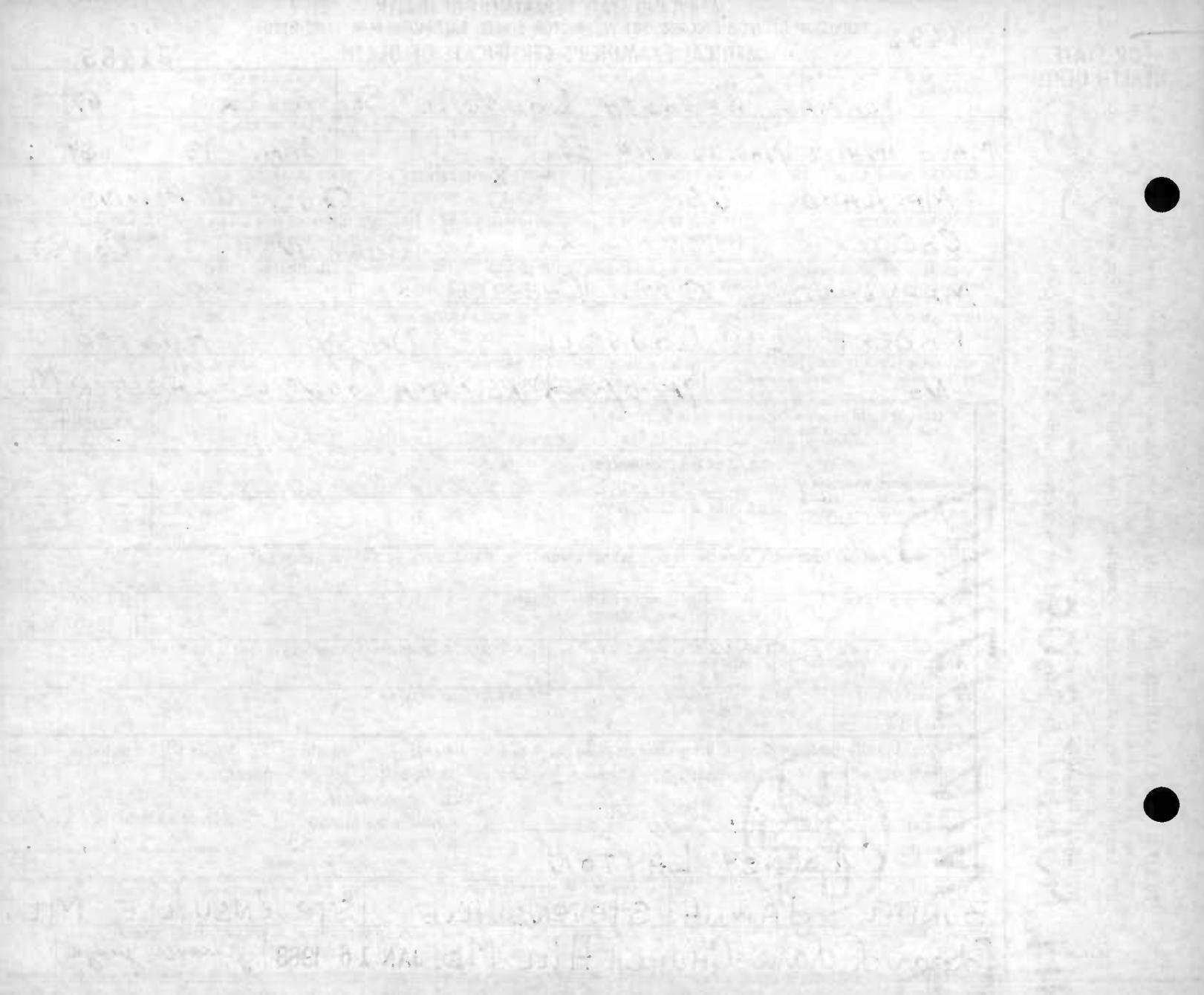
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01485

1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN <input type="checkbox"/> Month Day Year OF ESTI. 1 11 69	2b. HOUR DEATH MATED <input checked="" type="checkbox"/> 69		
2. NAME OF COUNCILL SR.							
3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH Nov. 22 - 1914	6. AGE (in years lost birthday) 54 yrs	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN. 0
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNE			
10. CITY OR TOWN OF DEATH CHESTER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) xx		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) CARPENTER		12b. KIND OF BUSINESS OR INDUSTRY CONSTR.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY Q.A.	13c. CITY OR TOWN CHESTER	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER xx			
14. FATHER'S NAME ROBERT	First	Middle	Last	15. MOTHER'S MAIDEN NAME DAISY	First	Middle	Last HUNTER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 717-07-9653	17. INFORMANT MRS. ALMA COUNCILL - CHESTER MD.		ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 50-70 MIN.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease years DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)				
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <i>C.Rodney Layton</i>	22b. DATE SIGNED 1/13/69		CHIEF MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) C. Rodney Layton	M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	ADDRESS (Street, city, town, or county) Centreville, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 14	23c. NAME OF CEMETERY OR CREMATORIAL STEVENSVILLE		23d. LOCATION (City or Town) STEVENSVILLE	(County) M.D.	(State) MD.	
24. FUNERAL DIRECTOR Edgar L. Lane - Church Hill Md.	ADDRESS	25a. REC'D BY REGISTRAR JAN 16 1969		25b. REGISTRAR'S SIGNATURE Charles Judge			



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

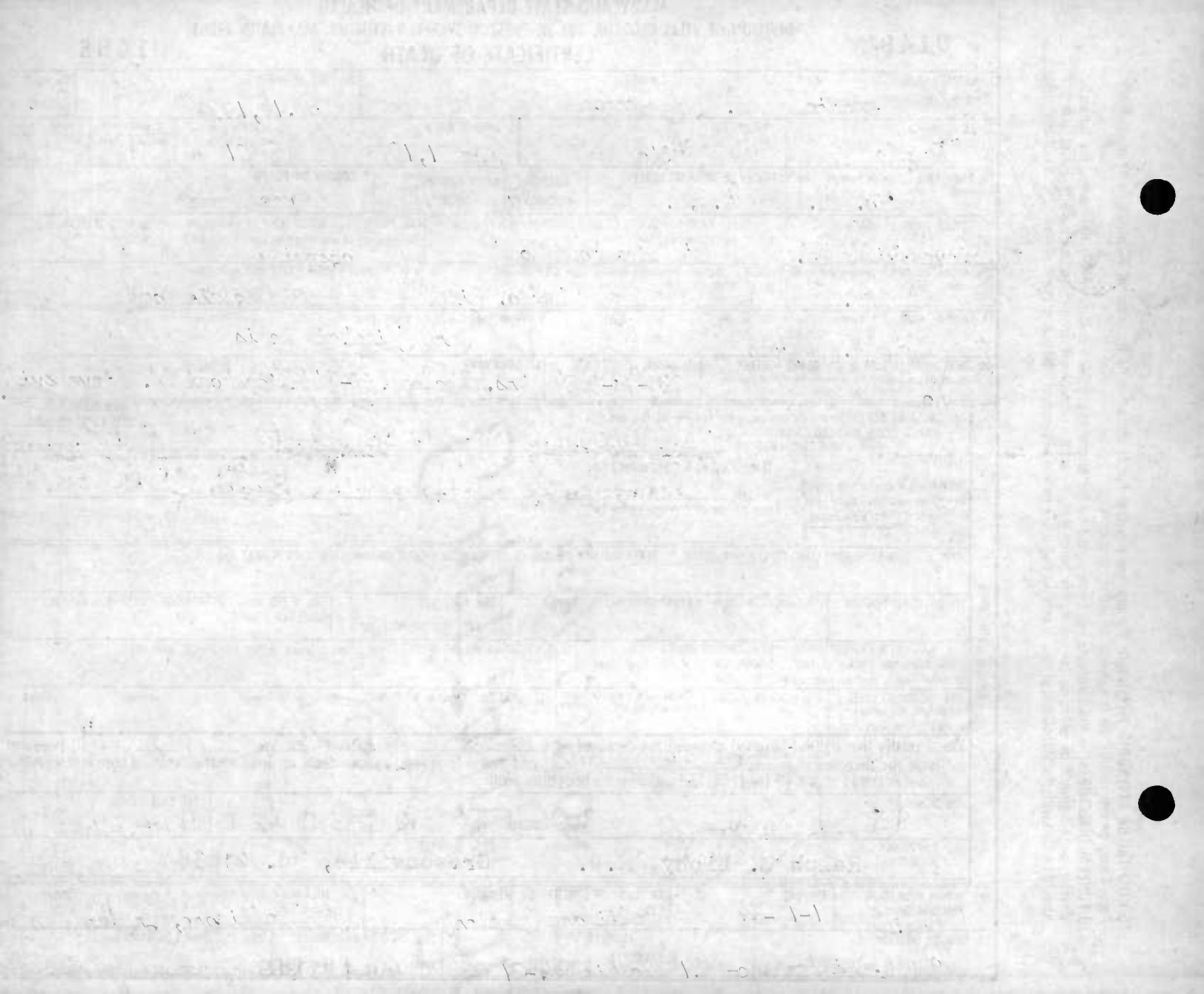
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>Annie J.</i>	Middle <i>German</i>	Lost	2a. DATE OF DEATH Month <i>Jan.</i>	Day <i>14</i>	Year <i>1969</i>	2b. HOUR <i>8 A.M.</i>		
3. SEX <i>Female</i>	4. RACE <i>White</i>	S. DATE OF BIRTH <i>June 21, 1877</i>	6. AGE (In years lost birthday) YRS. <i>91</i>	IF UNDER 1 YEAR MONTHS <i>0</i>		IF UNDER 24 HRS. HOURS <i>0</i>			
7b. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>Queen Anne</i>						
10. CITY OR TOWN OF DEATH <i>Stevensville Md.</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Old Steamboat Road</i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Housewife</i>	12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Ad.</i>	13b. COUNTY <i>-</i>	13c. CITY OR TOWN <i>Balto. City</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>6238 Belair Road</i>					
14. FATHER'S NAME First <i>John H. England</i>	Middle <i></i>	Lost <i></i>	15. MOTHER'S MAIDEN NAME First <i>Mary Elizabeth Lewis</i>	Middle <i></i>	Lost <i></i>				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. <i>220-48-9854</i>	17. INFORMANT <i>Mrs. Thelma Ott-Old Steamboat Rd. Stevensvile Md.</i>	Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <i>Cardiovascular Accident</i>							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>1.5 minutes</i>		
4124 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause <i></i>									
(b) <i>Atherosclerotic Cardiovascular Disease</i>							Remote		
DUE TO, OR AS A CONSEQUENCE OF (c) <i></i>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
MEDICAL CERTIFICATION		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> or work <i></i>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from <i>12-26</i> , 19 <i>68</i> , to <i>1-14</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>12-26</i> , 19 <i>67</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Ralph E. Libby, M.D.</i>									
22c. DATE SIGNED <i>1-14-69</i>									
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>Grasonville, Md. 21638</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-17-69</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Baltimore Cemetery</i>			23d. LOCATION (City or Town) (County) (State) <i>Baltimore, Maryland</i>			
24. FUNERAL DIRECTOR ADDRESS <i>John C. Miller Inc - 415 Belair Rd - 21206</i>									
25a. REC'D BY REGISTRAR DATE <i>JAN 16 1969</i>							25b. REGISTRAR'S SIGNATURE <i>James J. Miller</i>		



FOR STATE
HEALTH DEPT.

Any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
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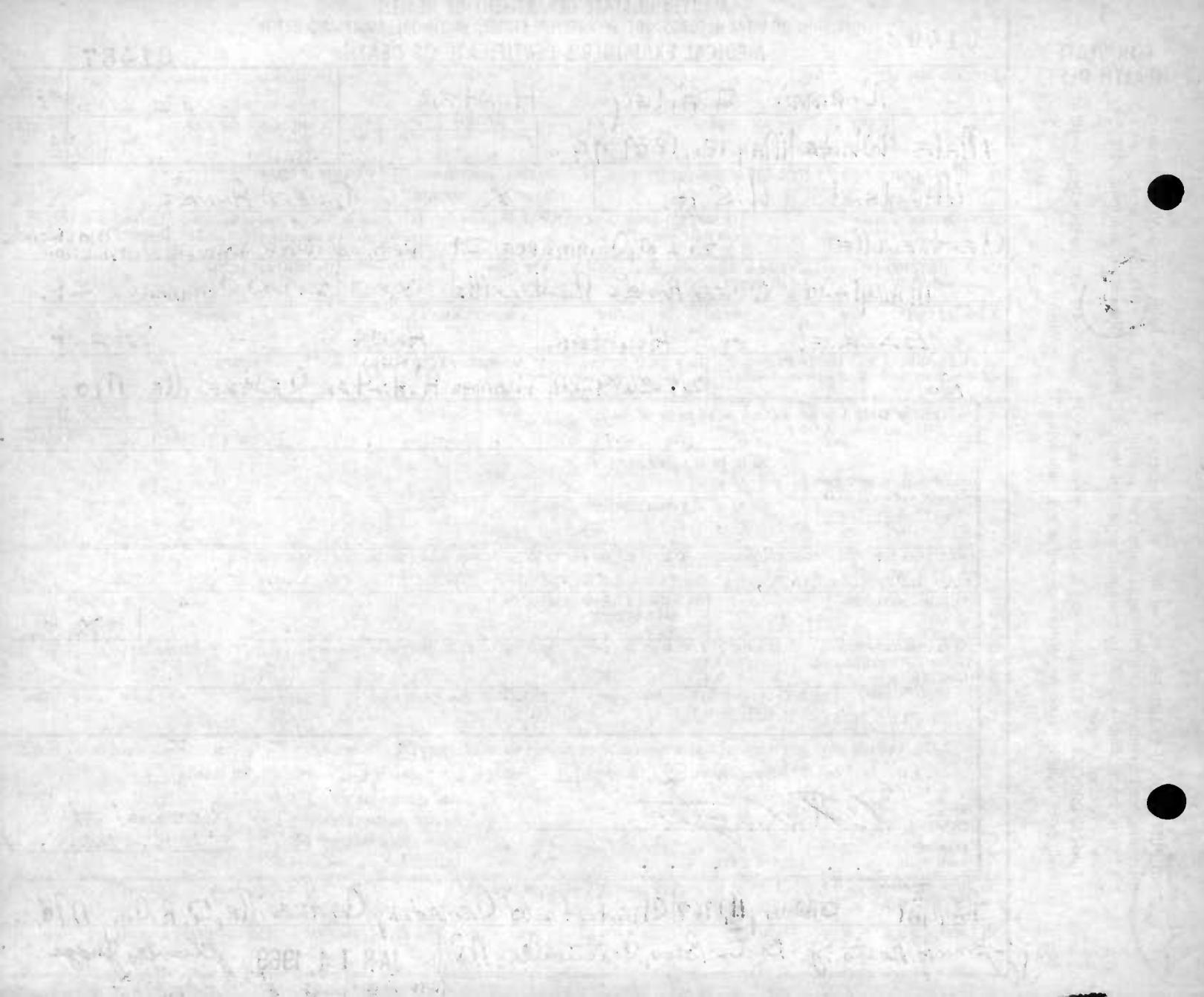
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01487

1. DECEASED NAME (Type or Print)	First Norman	Middle Dailey	Last Hunter	2a. DATE KNOWN OF ESTI- MATED <input type="checkbox"/>	Month Jan	Day 8	Year 1969	2b. HOUR 9:00 A.M.					
3. SEX Male	4. RACE White	5. DATE OF BIRTH May 18, 1889	AGE (in years last birthday) 99 YRS.	IF UNDER 1 YEAR MONTHS <input type="checkbox"/>	IF UNDER 24 HRS. DAYS <input type="checkbox"/>	HOURS <input type="checkbox"/>	MIN. <input type="checkbox"/>	2c. DATE PRONOUNCED DEAD Month Jan	Day 8	Year 1969	2d. HOUR 9:00 A.M.		
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH QUEEN ANNE'S	10. CITY OR TOWN OF DEATH CENTREVILLE						11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 212 N. COMMERCE ST.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RETIRED TRUCK DRIVER	12b. KIND OF BUSINESS OR INDUSTRY Md. Roads Commission	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND	13b. COUNTY QUEEN ANNE'S	13c. CITY OR TOWN CENTREVILLE	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 212 N. COMMERCE ST.									
14. FATHER'S NAME First EZERIEL	Middle -	Last Hunter	15. MOTHER'S MAIDEN NAME First ANNA	Middle -	Last Stant								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 217-36-9289	17. INFORMANT Nephew	ADDRESS Thomas H. Hunter, CENTREVILLE, Md.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)													
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 490X <i>sphyxia due to acute tracheal bronchitis</i>													
DUE TO, OR AS A CONSEQUENCE OF													
Conditions, if any, which gave rise to immediate cause (a). } stating the underlying cause } last. (b) : DUE TO, OR AS A CONSEQUENCE OF													
(c) :													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
old tracheotomy, healed dissecting aneurism of thoracic aorta													
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)										
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. _____ City or Town _____ County _____ State _____										
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>													
ACTUAL SIGNATURE <i>C.R. Layton</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 1/11/69			
EXAMINER'S NAME (Type) C.R. Layton, M.D.		ADDRESS (Street, city, town, or county)								Centreville, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JANUARY 11, 1969	23c. NAME OF CEMETERY OR CREMATORIUM Chesterfield Cemetery				23d. LOCATION (City or Town) Centreville, Q.A.C.		(County) Md.		(State)		
24. FUNERAL DIRECTOR Arnold Burton Jr. - Burton Bros., Centreville, Md.		ADDRESS				25a. REC'D BY REGISTRAR Charles Judge		25b. REGISTRAR'S SIGNATURE Charles Judge		DATE JAN 14 1969			
VR A15ME (5) 10M REV. 1/68													



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

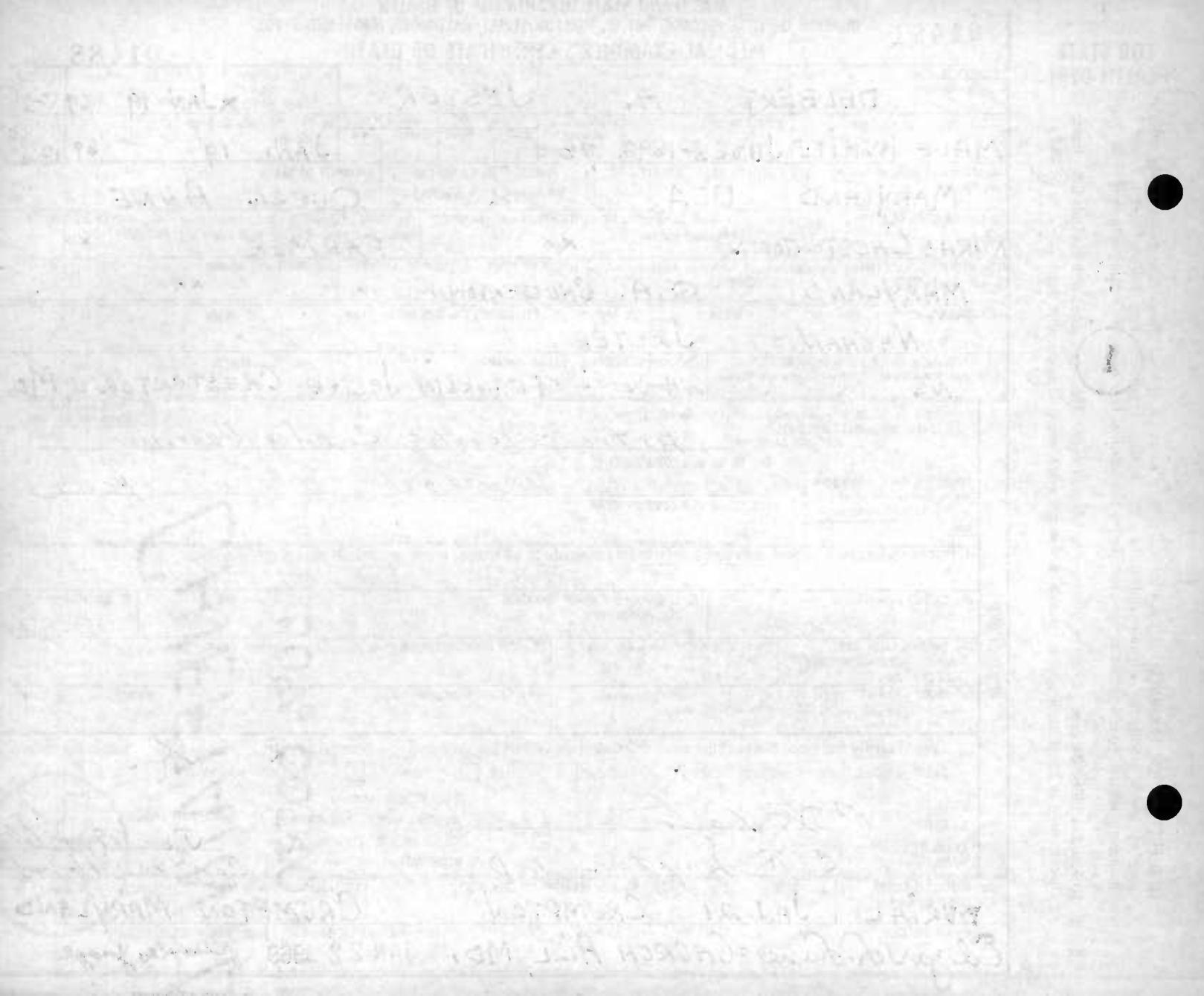
01494

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01488

1. DECEASED NAME (Type or Print)	First DELBERT	Middle A.	Last JESTER	20. DATE KNOWN OF ESTI- MATED DEATH MATED	Month JAN	Day 19	Year 1969	2b. HOUR 12:30 P.M.			
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (in years last birthday) 76 yrs.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN. 0	2c. DATE PRONOUNCED DEAD Month JAN.	Day 19	Year 1969	2d. HOUR 10:30 A.M.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		9. COUNTY OF DEATH QUEEN ANNE		Md.			
10. CITY OR TOWN OF DEATH RURAL CHESTERTOWN		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) FARMER		12b. KIND OF BUSINESS OR INDUSTRY xx					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND		13c. CITY OR TOWN Q.A. CHESTERTOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER xx					
14. FATHER'S NAME NATHAN		15. MOTHER'S MAIDEN NAME JESTER									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 214-36-5636		17. INFORMANT FRANKLIN JESTER - CHESTERTOWN, MD.		ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4124 <i>Arteriosclerotic Cardio Vasculair</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Disease <i>Years</i> DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>C.R. Dayton</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED Jan 19, 1969			
EXAMINER'S NAME (Type) C. R. Dayton MD				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county) Centreville, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 21		23c. NAME OF CEMETERY OR CREMATORIAL CRUMPTON		23d. LOCATION (City or Town) CRUMPTON		(County) MARYLAND		(State)	
24. FUNERAL DIRECTOR Edgar L. Lane - CHURCH HILL, MD.		ADDRESS		25a. REC'D BY REGISTRAR DATE JAN 22 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					



FOR STATE
HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01495

01489

1. DECEASED-NAME (Type or Print)	First DIXIE	Middle Lou	Last YOUNG	2a. DATE KNOWN OF ESTI- DEATH MATED <input type="checkbox"/>	Month 1/14	Day 169	Year 8 A.M.	2b. HOUR M			
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years last birthday) 15 yrs.	IF UNDER 1 YEAR MONTHS 15	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN 0	2c. DATE PRONOUNCED DEAD Month Jan.	Day 14	Year 1969	2d. HOUR M
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Queen Anne								
10. CITY OR TOWN OF DEATH RURAL GRASONVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) X X			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) STUDENT			12b. KIND OF BUSINESS OR INDUSTRY X X				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND	13b. COUNTY Q.A. GRASONVILLE	13c. CITY OR TOWN Q.A. GRASONVILLE	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER							
14. FATHER'S NAME HARFORD Leon YOUNG	First	Middle	Last	15. MOTHER'S MAIDEN NAME MERLE THOMPSON	First	Middle	Last				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. X X		17. INFORMANT H. Leon YOUNG - GRASONVILLE, MD.	ADDRESS							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive head injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 8/29 (b) auto accident DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Instant			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED						20. AUTOPSY?		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. same as above P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) Car ran into parked truck			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) rural road			21f. LOCATION Street or R.F.D. No. rural			City or Town Grasonville	County Q.A. 1d.	State		
22o. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>C. Rodney Layton</i>	M.D.						CHIEF MEDICAL EXAMINER <input type="checkbox"/>	22b. DATE SIGNED 1/15/669			
EXAMINER'S NAME (Type) C. Rodney Layton	M.D.						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	Centreville, Md. 21617			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 17	23c. NAME OF CEMETERY OR CREMATORIAL WOODLAWN			23d. LOCATION (City or Town) EASTON-TALBOT - MD.			(County)	(State)		
24. FUNERAL DIRECTOR Edgar Schane = CHURCH HILL, MD.	ADDRESS			25a. REC'D BY REGISTRAR JAN 17 1969			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				
VR A15ME (5) 10M REV. 1/68											

208. 71. 44